

# **SAR Case Consideration Referral / Report Form**

*Completed forms are to be returned securely to* *WSAB@wigan.gov.uk*

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| 1. **Referring Agency Details**
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| **Agency** |  | **Name** |  |
| **Tel No.**  |  | **Email**  |  |
| **Date of referral**  |  | **Date of incident**  |  |

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| 1. **Subject and Family Details**

*Please include known relatives and ‘relevant others’* |
| **Name** | **DOB** | **Sex** | **Relationship** | **Address** | **Ethnicity**  |
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| 1. **Event Details**
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| **Type of Incident** |  |
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| 1. **Chronology of Relevant Events**

(including your agency involvement, the key contact details, and details of other agency involvements, if known) |
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| 1. **Please provide identified areas of concern for consideration of SAR**
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